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30410 7590 05/10/2005
INTERNATIONAL TRUCK INTELLECTUAL PROPERTY COMPANY,
 4201 WINFIELD ROAD
 P.O. BOX 1488
 WARRENVILLE, IL 60555
 05/31/2005 NGEBREM2 00000017 140603 10759685

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	PATENT & TRADEMARK OFFICE NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/759,685	01/16/2004	Andrew C. Scott	D5398	8601

TITLE OF INVENTION: VEHICLE SLEEPER PANEL DESIGN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ENGLE, PATRICIA LYNN	3612	296-190020

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Jeffrey P. Calfa
 2 Dennis Kelly Sullivan
 3 Susan L. Lukasik

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Truck Intellectual
Property Company, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Warrenville, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0603 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Typed or printed name Jeffrey P. Calfa

Date 5/27/05

Registration No. 37,105

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